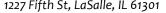
Application for LaSalle Fire Department 1227 Fifth St, LaSalle, IL 61301 Phone: 815-223-0834 Fax: 815-223-0857





First Name:	M.I: Last Na	me:
Address:	City:	State:
Telephone: ()	Alt Phone	Number: ()
Have you applied before: Yes	_ No	
Are you employed now? Yes	No if so for, where o	lo you work:
May we contact your employer?	Yes No Employe	ers Phone: ()
		ond to fire or EMS calls? Yes No
		 umber:
		level?
List Other Certifications and/or I		level?
traffic convictions, if any. I hereby	y waive release and surrend	Department to check my criminal and or ler any and all rights to claims which I ma result of the release of such records.
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Employer:					
Phone:		Job Ti	tle:		
Dates Employed:	From:	/ /	To:	Supervisor:	
Reason For Leavin		•		·	<u> </u>
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Employer 3					
Employer:			1		
Phone:		Job Ti	tle:		
Dates Employed:	From:	/ /	To:	Supervisor:	
Reason For Leavin	g:				
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Military Service: Y	es No	Brai	nch:		
ation					
High School Gradu	uate: Yes No	if ves	. what High Sc	hool:	
Year of Graduatio		,es,	,		
		egrees or cer	tificates which	you may have	e attended or obtained
School 1	<u> </u>			<u> </u>	
Name of School					
Dates Attended		С	ourse of Study		
Degree or Certifica	ates received	L	· · · · · · · · · · · · · · · · · · ·	ı	
	<u> </u>				
School 2					
Name of School					
Dates Attended		С	ourse of Study		
Degree or Certifica	ates received	1 -			
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	Specialized tru	ייייים, מאאיניי	ps, skiii.	zana extra e	Jaiai activitiesi
List any Honors yo	u have receive	d:			
I certify that the a	nswers given he	erein are true	e and complete	to the best o	of my knowledge. I authori
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arriving at an emp			.э аррисацоп і	o. cilipioyille	The as may be necessary in
	•		t false or micla	ading informa	ation given in my application
	• •			-	
		ge. i underst	and, also that I	am required	to abide by all rules and
regulations of this	department.				
C:1			Printed N		
Signatu	∟		Frinted N	varrie	Date

Employer 2